

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF BIRTH

County Chariton
Township Brunswick
City Brunswick (No.)

Registration District No. 169
Primary Registration District No. 4078

File No. 23675
Registered No. 32
St. Ward)

2. FULL NAME MARIAH JOHNSON

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 1 - 1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Hauskeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hauswork</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Chariton Co. Mo</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
FATHER	13. NAME <u>Henry Parter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Coy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Henry Parter</u> (ADDRESS) <u>Brunswick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>no</u> PLACE <u>Brunswick</u> DATE <u>July 13 1934</u>		
19. UNDERTAKER <u>E. M. Christ</u> (ADDRESS) <u>Brunswick Mo</u>		
20. FILED <u>July 12 1934</u> <u>Harry E. Eaton</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1934

22. I HEREBY CERTIFY that I attended deceased from April - 1 - 1934 to July 4 1934
I last saw him alive on July 4 - 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1932
Arterio-sclerosis
Other contributory causes of importance 131
Name of operation none Date of none
What test confirmed diagnosis chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Harry E. Eaton M. D.
(Signed) Harry E. Eaton
(Address) Brunswick Mo

